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Double dropping down under: Correlates of simultaneous consumption of two ecstasy pills in a sample of Australian outdoor music festival attendees

RUNNING TITLE: Double dropping at music festivals

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## Abstract

**INTRODUCTION AND AIMS:** The term ‘double dropping’ refers to a person consuming two drugs simultaneously, typically two ecstasy pills. This practice has been reported in numerous countries, including Australia; however, the prevalence and correlates of double dropping among ecstasy users is unknown. Double dropping is particularly risky when adulteration of ‘ecstasy’ with novel substances and higher dosages of MDMA in pure ecstasy pills have both been increasingly reported. This paper investigates the prevalence and correlates of double dropping in a purposive sample of Australian festival-goers who used ecstasy at the last festival they attended.

**DESIGN AND METHODS:** A web survey was completed by almost 2000 Australian festival-goers. The analytic sample ( $n=777$ ) was 59% male and had a median age of 20 years (IQR=19–23).

**RESULTS:** Almost half (48%) of respondents who used ecstasy pills reported double dropping in association with the last festival attended. Multivariable logistic regression found respondents who were younger, male, more frequent ecstasy users, more frequent festival-goers, had a preference for electronic dance music, attended a multi-day festival and used ecstasy in pill form were at greater odds of reporting double dropping at the last festival attended.

**DISCUSSION AND CONCLUSIONS:** Double dropping was a commonly reported practice among festival-goers in this purposive sample. While this practice may reflect historically low-dose ecstasy pills in Australia, the changing contexts of novel drugs and increasing MDMA purity may warrant consideration of harm-reduction interventions and drug-checking services which could help festival-goers make more informed decisions about drug dosage.

**Keywords:** ecstasy, drug users, double dropping, music festivals, harm reduction, pill testing

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## Introduction

The term ‘double dropping’ refers to the consumption of two drugs simultaneously, typically two ecstasy pills. This practice has been reported in online ecstasy user reports (1), drug-related media (2-6) and qualitative drug-related literature (7). While national monitoring systems in Australia suggest it is common for ecstasy users to consume multiple pills in one session (median=4 for heavy sessions) (8), the prevalence of double dropping among ecstasy users is unknown.

This practice is a public-health concern. Most ecstasy consumers are unaware of what drugs are contained within their ‘ecstasy’ pills/caps, and if they do contain only MDMA, consumers are also unlikely to know the dosage. New Psychoactive Substances (NPS) are newly misused or newly synthesised drugs that pose a similar public-health threat to established drugs (9). Misrepresentation of NPS as ecstasy is particularly concerning when considering the differences in drug potency, onset of action and effects, and has been linked to hospitalisations and deaths in Australia (10, 11).

Furthermore, the risk of taking multiple strong doses of MDMA simultaneously has increased: Europe has reported increased availability of higher-dose ecstasy pills (over 100mg) and ‘super pills’ (up to 340mg) (12). The availability and consumption of ecstasy capsules in Australia which contain MDMA in crystal or powder forms has also increased (8). These capsules could contain higher MDMA doses than pills/tablets, given crystal and powder forms do not require binding agents or fillers. While pure MDMA may be recognised as one of the least dangerous prohibited substances (13), higher doses do increase risk despite MDMA dosage not following a typical dose-response curve (14) and pure MDMA overdoses do occur (15). Thus, shifting purity trends could place ecstasy users who continue to double drop at greater risk of overdose.

Given the dearth of information about the practice of ‘double dropping’ in Australia, we seek to understand the prevalence and correlates of this practice in a self-selected sample. Identifying correlates may assist in targeting interventions to prevent this practice. Candidate variables include: age (greater risk implications for younger people, neurotoxicity in the developing brain (16, 17)), gender (biological differences may heighten risk for females (18, 19)), jurisdiction (awareness of

jurisdictional differences can help inform/target interventions), ecstasy form/s consumed (disparate perceptions of the purity/potency of different forms may influence dosing decisions), frequency of ecstasy use (perceived tolerance may influence dosing decisions), frequency of festival attendance (indication of involvement in the scene), preferred musical genre at festivals (preference for electronic dance music (EDM) is associated with increased levels of drug use (7, 20)) and the type of festival attended (different event characteristics may result in different patterns of use).

### ***Aim***

This paper investigates the prevalence and correlates of double dropping in a purposive sample of Australian festival-goers who used ecstasy at the last festival they attended.

### **Methods**

A web survey was developed using Qualtrics (35). Responses were anonymised to ensure no personal information, such as IP addresses, was collected. A prize draw for a \$500 e-gift card was offered. The survey ran from May–July 2016 and received 3529 responses. The eligibility criteria were: aged 16 and older, lived in Western Australia or Victoria for the preceding 12 months and attendance at >1 music festival in the preceding 12 months. After deleting ineligible cases, duplicate cases, and cases where less than 50% questions were completed, 1967 responses remained. This final sample was primarily recruited through targeted Facebook ads (89%), and by snowballing and music news articles (each 5%). For this paper, all respondents who had not completed the risk behaviours question (Did you do any of the following in association with the last festival you attended?) and had not used ecstasy pills and/or caps at the last festival were excluded, resulting in an analytic sample of 777. Ethics approval was received by the Curtin University Human Research Ethics Committee (HR144/2015).

### ***Data analysis***

Bivariable and multivariable logistic regressions determined unique predictors of reported double dropping at the last festival attended. Candidate variables in multivariable regression model included demographic or drug use variables with bivariable tests  $p < .25$  (21). When running a complete case

analysis, 34% ( $n=261$ ) of the cases were missing. Almost all missing cases (98%,  $n=257$ ) came from one variable 'frequency of general ecstasy use'. Missing data for this variable were deemed as missing at random given they were most likely related to respondents not realising they had to scroll right when completing the survey via mobile phone. The multiple imputation (MI) function within SPSS was used to generate 34 imputed datasets, corresponding to the percentage of missing cases (22). All analyses were conducted using SPSS Statistics 23 for Windows (23).

## **Results**

### ***Demographics***

The median age of respondents was 20 years (IQR=19–23, range=16–47) and more than half were male (59%) ( $n=777$ ). See Table S1 for full demographic statistics.

### ***Prevalence of double dropping***

Of those who used ecstasy in pill/tablet form at the last festival they attended ( $n=591$ ), almost half (48%) reported double dropping. In contrast, among capsule only users ( $n=186$ ), approximately one-quarter (28%) reported double dropping.

### ***Correlates of double dropping***

In the multivariable model (see Table 1), self-reporting of double dropping was uniquely predicted by age, gender, form used, frequency of general ecstasy use, the number of recent festivals attended, preferred musical genre and the festival type attended.

While confidence interval trends were largely consistent with MI ( $n=773$ ) and without ( $n=516$ ), the intervals for the odds of double dropping among those who reported more frequent general ecstasy use were substantially higher without MI. This suggests the strength of the correlation between more frequent use of ecstasy and double dropping may be underestimated by the MI model. The complete case analysis is presented in Table S2.

[Insert Table 1]

## **Discussion**

Double dropping was a common drug practice in this sample, reported by half of respondents who used ecstasy pills at the last festival. Multivariable logistic regression identified seven unique predictors of this practice. Two predictors warrant further discussion. Firstly, the finding that more frequent ecstasy users were at significantly greater odds of reporting double dropping may reflect a perceived tolerance to MDMA and/or a level of complacency towards dosing, which could be problematic in an unpredictable and shifting drug market. Secondly, the finding that capsule users were less likely to report double dropping than pill users could reflect a perception that capsules are more potent than pills (8). However, it is possible some consumers purchased crystalline or powder MDMA then packaged capsules themselves. A perceived increase in control over dosage could reduce the desire to double drop, or in contrast, may increase confidence in double dropping.

This study's findings, in combination with current market trends, suggest it may be worth implementing a targeted awareness campaign in Australia. Findings presented here may also warrant consideration of field laboratories which can chemically analyse both the content and dose of drugs. While debate over drug checking continues in Australia (24), such services have successfully operated in Europe for decades (25). High-dose MDMA pills are identified and warnings disseminated to help guide consumers in those countries towards more sensible dosing strategies (12).

## ***Limitations***

Like other studies of hidden populations, this study recruited a purposive sample, rather than a probability sample (26). Given the sampling methods used, findings cannot be seen to estimate the prevalence of double dropping in the wider population of people who use ecstasy at festivals. Another limitation relates to the wording of the response option for 'double dropping (took two pills at the same time)'. Some respondents may have included other drugs which come in pill form, although less than 4% reported concurrent use of such drugs. Additionally, given the online sampling method, it was impossible to objectively verify responses regarding drug use (e.g. via urine screening) or festival attendance. However, web survey methodology offered many advantages (27), such as being entirely

anonymous, enabling thousands to participate, and avoiding on-site sampling limitations (e.g. selection bias; inability to report on what happened later in the day). Most epidemiological studies of people who use drugs must rely on self-report, and such reports can typically be trusted especially under conditions of anonymity (28). While there was an incentive to participate (a lottery prize draw), the survey itself was lengthy (median=23 minutes), so it is unlikely respondents completed it with false data simply to enter the draw. To counteract this possibility, respondents who reported attending events which could not be verified were excluded.

### ***Conclusions***

Double dropping was identified as a common risk behaviour among Australian ecstasy-using festival-goers. Respondents who were younger, male, more frequent ecstasy users, more frequent festival-goers, preferred EDM, attended a multi-day festival and used ecstasy in pill/tablet forms were more likely to report double dropping. These findings have implications for raising awareness about the risks associated with double dropping, particularly in the current drug market, and for consideration of a drug checking trial to help festival-goers make more informed decisions. Future research investigating double dropping of different forms of ecstasy, in different recreational settings and countries, may be beneficial in helping improve our understanding of this practice.

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### **Declaration of interests**

There are no relevant interests to declare.

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Table 1: Predictors of ‘double dropping’ among those who used ecstasy pills and/or capsules at the last festival (multivariable logistic regression)

Variable	Level	<i>n</i>	Did double drop 43.5%	Did not double drop 56.5%	Bivariable			Multivariable		
					OR	95% CI	<i>P</i> -value	AOR	95% CI	<i>P</i> -value
Age	16-17 years old	103	53	47	2.714	1.401-5.258	0.003	3.308	1.576-6.946	0.002
	18-19 years old	207	54	46	2.738	1.500-4.999	0.001	2.647	1.365-5.132	0.004
	20-21 years old	194	40	60	1.593	0.867-2.926	0.134	1.256	0.646-2.442	0.501
	22-25 years old	205	36	64	1.310	0.713-2.405	0.384	1.020	0.527-1.977	0.952
	26 years and over	64	30	70	1.000			1.000		
Gender	Male	459	51	49	2.265	1.678-3.056	<0.001	2.477	1.766-3.475	<0.001
	Female	314	32	68	1.000			1.000		
State	WA	405	43	57	0.938	0.705-1.247	0.659	#		
	VIC	368	44	56	1.000					
Ecstasy form	Pills and caps	187	66	34	5.072	3.263-7.883	<0.001	3.701	2.311-5.928	<0.001
	Pills only	400	40	60	1.718	1.178-2.506	0.005	1.698	1.122-2.568	0.012
	Caps only	186	28	72	1.000			1.000		
Frequency of general ecstasy use	1/week	97	62	38	5.160	2.928-9.091	<.001	3.645	1.937-6.862	<0.001
	1/month	282	48	53	2.881	1.827-4.544	<.001	2.296	1.382-3.812	0.001
	Every few months	256	43	57	2.359	1.485-3.749	<.001	2.270	1.368-3.769	0.002
	1-2/year	138	24	76	1.000					
Total recent festivals attended	1-2	274	39	61	0.613	0.427-0.881	0.008	0.622	0.410-0.946	0.026
	3-4	286	43	57	0.723	0.506-1.033	0.075	0.660	0.444-0.982	0.040
	5 or more	213	51	49	1.000			1.000		
Favourite festival genre was electronic dance music	No	210	31	69	0.493	0.349-0.697	<0.001	0.641	0.437-0.942	0.023
	No favourite genre	125	47	53	0.962	0.646-1.432	0.848	1.230	0.790-1.916	0.360
	Yes	438	48	52	1.000			1.000		

<b>Festival type</b>	One day	529	41	59	0.752	0.540-1.046	0.090	0.596	0.402-0.884	0.010
	Inconsistent selection	50	46	54	0.906	0.486-1.690	0.757	0.779	0.384-1.582	0.489
	Multi-day	194	49	52	1.000			1.000		

# Dropped from the multivariable model because  $p > .25$

Model  $\chi^2(16) = 152.821$ ,  $p < 0.001$ . Adjusted R square = 0.179 (Cox & Snell), 0.241 (Nagelkerke). Hosmer-Lemeshow goodness of fit test,  $p = 0.110$ ,  $n = 773$ .

**Table S1: Demographic characteristics of festival-goers who used ecstasy pills and/or caps**

Variable	Level	<i>n</i>	Did double drop 43.5%	Did not double drop 56.5%	Total %	Bivariable		
						OR	95% CI	<i>P</i> - value
<b>Age (median)</b>	Continuous	777	20	21	20	0.937	0.900-0.976	0.002
<b>Age categories</b>	16-17 years old	104	53.8	46.2	13.4	2.825	1.461-5.460	0.002
	18-19 years old	208	53.4	46.6	26.8	2.770	1.521-5.048	0.001
	20-21 years old	194	40.2	59.8	25.0	1.628	0.887-2.986	0.115
	22-25 years old	206	35.9	64.1	26.5	1.357	0.741-2.487	0.323
	26 years and over	65	29.2	70.8	8.4	1.000		
<b>Gender</b>	Male	459	51.4	48.6	59.4	2.265	1.678-3.056	<0.001
	Female	314	31.8	68.2	40.6	1.000		
<b>State</b>	WA	406	42.9	57.1	52.3	0.947	0.713-1.257	0.705
	VIC	371	44.2	55.8	47.7	1.000		
<b>Sexual identity</b>	Other	73	49.3	50.7	10.4	1.284	0.791-2.086	0.321
	Heterosexual	631	43.1	56.9	89.6	1.000		
<b>Marital status</b>	Never married	657	44.6	55.4	93.3	1.717	0.912-3.232	0.094
	Married	47	31.9	68.1	6.7	1.000		
<b>ATSI</b>	No	692	43.6	56.4	98.9	0.774	0.192-3.121	0.719
	Yes	8	50.0	50.0	1.1	1.000		
<b>Born in Australia</b>	Yes	632	44.5	55.5	90.2	1.324	0.794-2.208	0.282
	No	69	37.7	62.3	9.8	1.000		
<b>Location</b>	City/suburbs	604	43.2	56.8	85.8	0.858	0.561-1.312	0.480
	Regional/remote	100	47.0	53.0	14.2	1.000		
<b>Accommodation</b>	Own	57	50.9	49.1	8.1	1.036	0.270-3.971	0.959
	Rented	225	34.7	65.3	32.1	0.531	0.149-1.889	0.328
	Family	410	47.6	52.4	58.4	0.907	0.259-3.180	0.879
	Other	10	50.0	50.0	1.4	1.000		
<b>Completed Year 12 or equivalent (&gt;17 years)</b>	No	55	56.4	43.6	9.0	1.858	1.062-3.250	0.030
	Yes	556	41.0	59.0	91.0	1.000		
<b>Trade or tertiary qualification (&gt;17 years)</b>	No	329	43.8	56.2	53.7	1.127	0.817-1.555	0.465
	Yes	284	40.8	59.2	46.3	1.000		
<b>Employment status</b>	Full-time work	228	43.9	56.1	32.9	0.888	0.473-1.667	0.711
	Part-time work	143	44.8	55.2	20.7	0.921	0.475-1.783	0.806
	Student	113	42.5	57.5	16.3	0.839	0.424-1.662	0.615
	Work and study	161	44.1	55.9	23.2	0.896	0.467-1.721	0.742
	Unemployed/other	47	46.8	53.2	6.8	1.000		

**Table S2: Predictors of ‘double dropping’ among those who used ecstasy pills and/or capsules at the last festival (multivariable logistic regression- complete case analysis)**

Variable	Level	Multivariable		
		AOR	95% CI	P-value
Age	16-17 years old	2.336	0.949-5.752	0.065
	18-19 years old	2.478	1.105-5.559	0.028
	20-21 years old	0.988	0.438-2.231	0.977
	22-25 years old	0.691	0.303-1.579	0.381
	26 years and over	1.000		
Gender	Male	2.272	1.487-3.471	<0.001
	Female	1.000		
State	WA	#		
	VIC			
Ecstasy form	Pills and caps	2.714	1.540-4.782	0.001
	Pills only	1.830	1.098-3.050	0.020
	Caps only	1.000		
Frequency of general ecstasy use	1/week	7.057	3.072-16.211	<0.001
	1/month	4.056	2.004-8.210	<0.001
	Every few months	3.313	1.640-6.692	0.001
	1-2/year	1.000		
Total recent festivals attended	1-2	0.973	0.577-1.641	0.919
	3-4	0.978	0.594-1.608	0.929
	5 or more	1.000		
Favourite festival genre was electronic dance music	No	0.703	0.438-1.129	0.145
	No favourite genre	1.044	0.586-1.862	0.883
	Yes	1.000		
Festival type	One day	0.618	0.382-0.997	0.049
	Inconsistent selection	0.638	0.247-1.636	0.636
	Multi-day	1.000		

Model  $\chi^2 (16) = 99.515$ ,  $p < 0.001$ . Adjusted R square = 0.175 (Cox & Snell), 0.237 (Nagelkerke). Hosmer-Lemeshow goodness of fit test,  $p = 0.423$ ,  $n = 516$ .